

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

72.00 DA

U.S. APPLICATION NO. 10/516482 To Be Assigned	INTERNATIONAL APPLICATION NO. PCT/GB03/01959	ATTORNEY DOCKET NUMBER JMYT-337US
21. <input checked="" type="checkbox"/> The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492(a)(1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$1,110.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$950.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$790.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33 (1)-(4) \$750.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33 (1)-(4) \$100.00 <div style="text-align: right;">ENTER APPROPRIATE BASIC FEE AMOUNT =</div>		CALCULATIONS, PTO USE ONLY <div style="border: 1px solid black; padding: 2px;">\$ 950</div>
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).		<div style="border: 1px solid black; padding: 2px;">\$</div>
CLAIMS	NUMBER FILED	EXTRA NUMBER
Total claims	12 - 20 =	0
Independent claims	2 - 3 =	0
MULTIPLE DEPENDENT CLAIM(S) (if applicable)		+ \$300.00
TOTAL OF ABOVE CALCULATIONS =		\$ 0
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.		<div style="border: 1px solid black; padding: 2px;">\$</div>
SUBTOTAL =		\$ 950
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).		<div style="border: 1px solid black; padding: 2px;">\$</div>
TOTAL NATIONAL FEE =		\$ 950
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property		<div style="border: 1px solid black; padding: 2px;">\$</div>
TOTAL FEES ENCLOSED =		\$ 950
<div style="border: 1px solid black; padding: 2px; text-align: right;">Amount to be refunded:</div>		<div style="border: 1px solid black; padding: 2px; text-align: center;">\$</div>
<div style="border: 1px solid black; padding: 2px; text-align: right;">Charged:</div>		<div style="border: 1px solid black; padding: 2px; text-align: center;">\$</div>
a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0350</u> . A duplicate copy of this sheet is enclosed. d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO- 2038.		
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> 23122 </div> <div style="font-size: small;">(Insert Customer No. or Attach bar code label here)</div>	or <input type="checkbox"/> Correspondence address below
Send All Correspondence to:		
<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"> </div> <div style="text-align: right; margin-bottom: 5px;"> Christopher R. Lewis Name </div> <div style="text-align: right; margin-bottom: 5px;"> 36,201 Registration Number </div> <div style="text-align: right; margin-bottom: 5px;"> November 30, 2004 Date </div> </div>		

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/516482

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	- 4
INDEPENDENT CLAIMS	2 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	Minus	20	= 4
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	950
XS 9=		OR	XS18=	200
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	200.00
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	200.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.